



Iowa Department of Human Services

Iowa Medicaid Enterprise

General Policies and Procedures 2012

Discussion Topics:

- Overview
- Programs
- Forms and Billing
- Updates
- Resources
- Contact Information
- Q/A

Iowa Medicaid Enterprise Overview

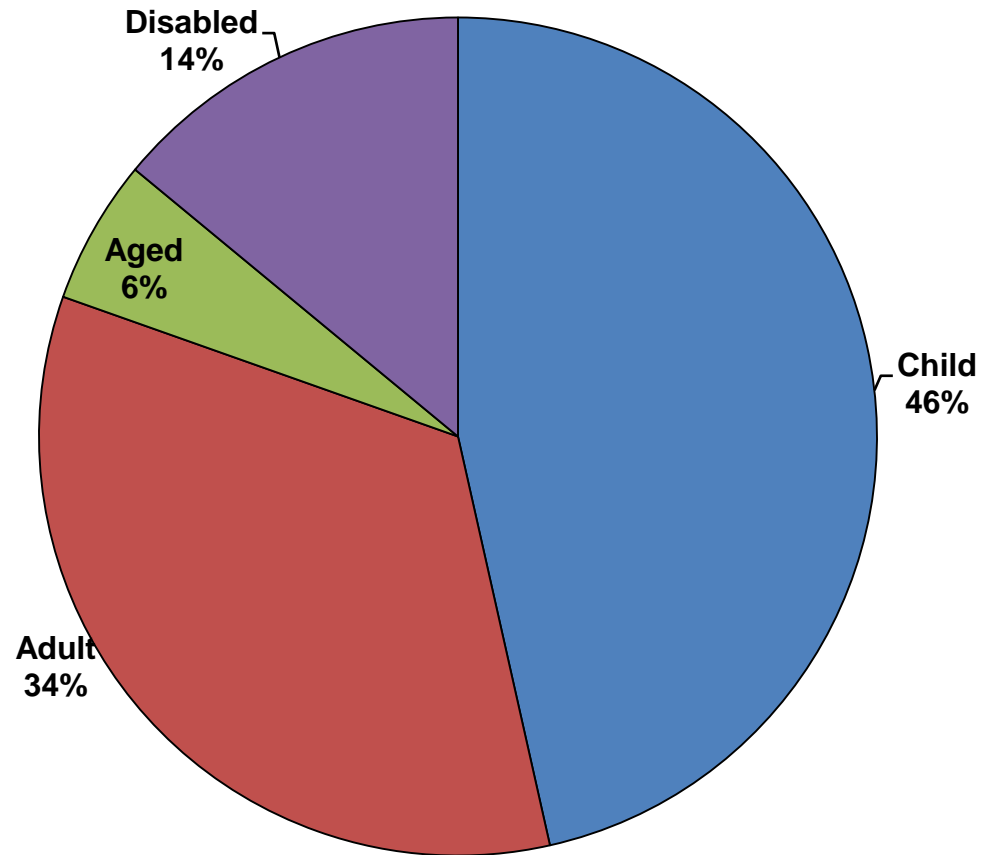
Iowa Medicaid Administration

- Since 2005, the **Iowa Medicaid Enterprise (IME)** has administered the Iowa Medicaid program
- IME unites State workers and 8 different “best of breed” vendors in a contract model that manages the Medicaid program.
- The IME assures members receive quality health care in an efficient and transparent manner.

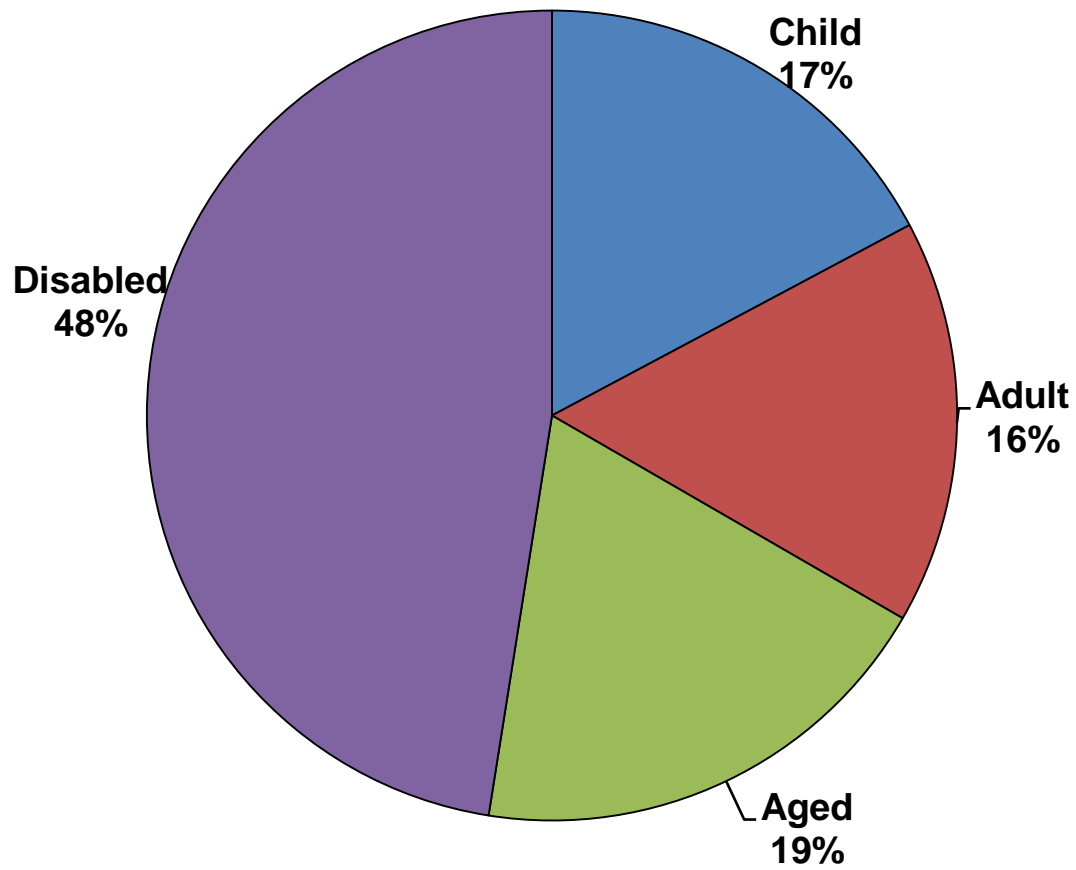
Iowa Medicaid 2012 Statistics

- Total Iowa Medicaid member enrollment as of March 2012 492,812; continuing an upward trend
 - 2011 enrollment – 463,372
 - 2010 enrollment – 433,739
 - 2009 enrollment – 394,399
- There are approximately 35,000 *unduplicated* enrolled Iowa Medicaid providers

Medicaid Enrollment - Projected for SFY 2013



Medicaid Expenditures – Projected for SFY 2013



Basic Provider Categories

- **Institutional Providers** – offer facility based services, such as hospital and nursing home care.
- **Professional Services Providers** – are individually licensed healthcare professionals such as; physicians, nurse practitioners, medical supply dealers, dentists.
- **Home and Community Based Service (HCBS) Providers** – furnish services designed to keep members out of institutions.

Member Eligibility

Medical Assistance Card



- Medical assistance card is “good” as long as the individual has Iowa Medicaid
 - Lost, damaged or stolen cards can be replaced
- No specific eligibility month or program is indicated on the card
- Eligibility must be verified through ELVS or the Web Portal

Retroactive Eligibility

- May receive a Notice Of Decision (NOD) from DHS granting retroactive eligibility
- Claims must be submitted with a copy of the Notice of Decision within 365 days of the NOD issue date
- Eligibility granted more than 24 months after the date of service special steps need to be taken in claims processing

Checking Eligibility

- ELVS- Eligibility Verification System
24 hours a day/7 days a week
1-800-338-7752
515-323-9639 (Des Moines Area)
- Provider Services
7:30am- 4:30pm
1-800-338-7909
515-256-4609 (Des Moines Area)
- ELVS (EDISS) through the web portal.

Iowa Medicaid Programs

IowaCare Eligibility Card



IowaCare

Member Name

Member SID

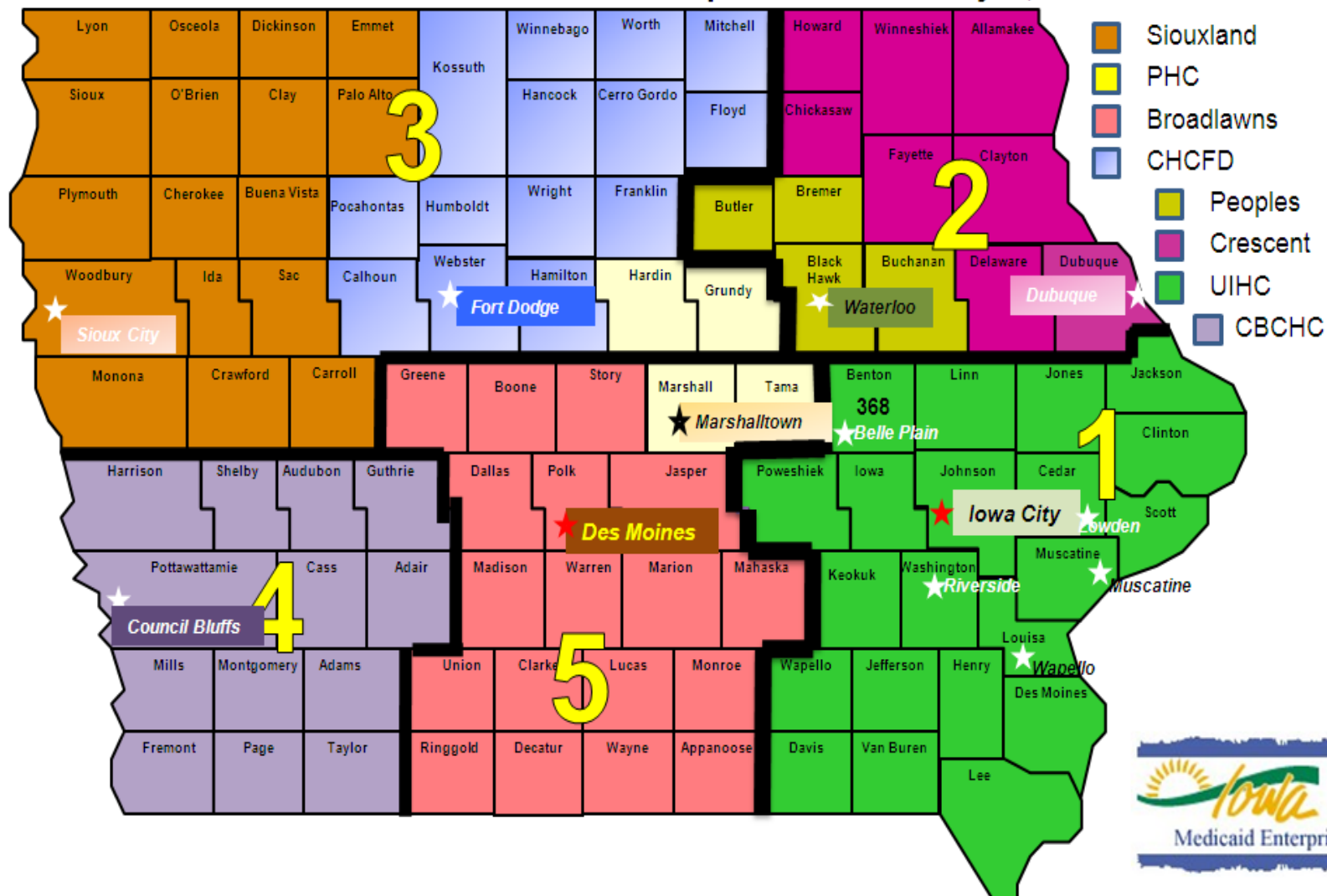
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Iowa Department of Human
Services
1305 E Walnut Street
Des Moines, IA 50319-0114

IowaCare Network

- 8 Medical Homes (FQHCs) as of 1/1/12
 - 2 Hospitals: University of Iowa and Broadlawns
 - 6 FQHCs across the state
- Effective 11/1/11 various funding “pools” were instituted
 - Care Coordination
 - Laboratory and Radiology
 - Non-covered services (Broadlawns)

IowaCare Medical Home Expansion: January 1, 2012



IowaCare Services

- Inpatient & outpatient hospital care at in-network hospital
- Doctor and nursing services at the hospital
- Primary care at assigned Medical Home
- *Some* dental services
- Prenatal care
- Help to quit tobacco (see below)
- Emergent services resulting in an inpatient stay at out-of-network hospitals (\$2 million cap per FY)

IowaCare Expansion

- Legislation allowed additional funding for non-covered services
- 2010: \$2 million emergency services resulting in an inpatient stay
- 2011: \$500,000 for laboratory & radiology services
\$1.5 million for care coordination services following an inpatient stay

Iowa Family Planning Network (IFPN)

- Covers only *specifically identified* family planning services
- Members may receive family planning services from any Iowa Medicaid provider
- Members can have IowaCare and IFPN
- Request the list of covered services and diagnosis from IME Provider Services
- Informational Letters 1097 & 1105 describe program updates

Lock in

- Typically for members who have misused Medicaid
- Members can be restricted to:
 - One Primary Care Provider (PCP)
 - One hospital
 - One pharmacy
 - One specialty care provider
- Referrals must be obtained from the lock-in PCP before services are rendered
- Refer to Informational Letter 1029

Medically Needy (spend down)

- Medicaid program that helps individuals with medical bills if they have high medical bills that use up most or all of their income
- May qualify for a spenddown
 - Typically 2 month certification period
 - Claims must be billed to the IME- IME does the accounting
- Medical Assistance Cards

QMB/SLMB

- QMB (Qualified Medicare Beneficiary)
- QMB with Spenddown
- SLMB (Special Low Income Medicare Beneficiary)
- SLMB with Spenddown

Medicaid for Employed People with Disabilities (MEPD)

- Members pay a monthly premium for services
- Access to full Medicaid Benefits
- Prescription services included for members that do not have Medicare
- MEPD pays for Medicare premiums
- Details available at www.ime.state.ia.us/HCBS/MEPDIndex.html

MediPASS

- Purpose
 - Assure access to services
 - Assure coordination & consolidation of care
 - Educate members to access medical care from the most appropriate point
- Mandatory in many counties
- IME pays administrative fee of \$2.00 per member per month

MediPASS Members

- Children, families with children, pregnant women
- Sent enrollment packet outlining program
- Must make 1st choice within 10-45 days
- Can continue to make choices for 90 days
- Close enrollment for 6 months after end of open period
- Not required of:
 - Native Americans
 - Children receiving comprehensive Title V services
 - Elderly and Disabled

MediPASS (continued)

- Provider types that provide primary care services

- MD

- ARNP

- RHC

- DO

- Midwives

- FQHC

- Provider Specialties

- Family practice

- Obstetrics

- General Practice

- Internal Medicine

- Pediatric

MediPASS Providers

- Can fine tune their agreement to suit their own practice
 - Open or closed panel
 - Maximum number of members accepted
 - Gender of enrollees
 - Age range of enrollees
- Can alter agreements at any time with written notification
- Can disenroll members for good cause

MediPASS Referrals

- Treating provider must obtain a referral from the MediPASS provider
- Paper referrals not required by the IME
- Referrals should be solicited **prior to service**
 - MediPASS provider **must** either treat or refer
 - IME Medical Services staff can mediate when necessary
- If solicited after service, then choice is up to MediPASS provider; no mediation available

Magellan Behavioral Health



Iowa Plan

- State wide plan that covers most Medicaid members
- Most services are billed to the Iowa Plan contractor, currently Magellan Behavioral Health Services
- Members that are not enrolled with the Iowa Plan have services paid through the IME

Psychiatric Medical Institutions of Children (PMIC)

- Transition of PMIC services effective 7/1/12
- PMICs will need to contract with Magellan
- Ancillary Services will still be submitted to Iowa Medicaid
- Transition information available at:
www.magellanofiowa.com/for-providers-ia/pmic-transition.aspx

Contacting Magellan

- Providers call:
 - Toll-free (800) 638-8820
 - Local Des Moines area (515) 223-0306
- Website: www.magellanoofiowa.com
 - State plan specific information:
www.magellanprovider.com/MHS/MGL/about/handbooks/supplements/iowaplan/index.asp

Miscellaneous Topics

Updating TPL with Iowa Medicaid

- Members can call Member Services to update their insurance information
- Complete the Insurance Questionnaire (IQ) found at www.ime.state.ia.us/Providers/Forms.html
 - Form #470-2826
- The IQ form can be emailed to revcol@dhs.state.ia.us or faxed to 515-725-1352

Timely Filing Guidelines

- Claims must be filed within 365 days of the date of service (DOS).
- A claim that is timely adjudicated (paid, denied, or suspended), will have an additional 365 days from the adjudication date to resubmit, not to exceed 2 years from the DOS.
- Last Clarified on Informational Letter 637

Timely Filing (continued)

- Claim Adjustments:
 - Requests for claim adjustments must be made within 365 days of the payment date
 - Claim credits are not subject to a time limit

*Discussion of adjustment/recoupment forms will follow

Exceptions to Timely Filing

- Retroactive eligibility:
 - Needs to be billed with the Notice of Decision (NOD)
 - Submit claims within 365 days of the date on the NOD
- Third-party related delays
 - Need to include reason for delay
 - Within 365 days of TPL payment
 - Must include EOB

Exceptions to Policy

Request an Exception to Policy at:

www.dhs.state.ia.us/dhs/appeals/ask_exception.html

- Criteria for an exception to policy:
 - Extreme need for an item/service
 - Exceptional circumstances
 - Result of net saving to the state
- Rules that cannot be bypassed with an exception to policy:
 - Rules that are based on Federal policy or state law
 - Program eligibility requirement, i.e. income guidelines or resource limits
- If an Exception to Policy has been approved:
 - Submit claim with a copy of the Approval to the address listed on the letter
 - Submit claim electronically, see IL 757.

Health Information Technology (HIT)

- Federal incentives to Medicaid providers
- To promote adoption and meaningful use of electronic health records (EHR)
- Administered by the State Medicaid Program
- Eligible providers must meet minimum patient volume thresholds for Medicaid incentives
- Up to \$63,750 is available to each eligible professional over a six year period
- 90% federal matching funds for statewide initiatives that promote the adoption and use of HIT
- www.ime.state.ia.us/Providers/EHRIncentives.html

Patient Threshold Eligibility

Entity	Minimum Medicaid patient volume threshold	Or the Medicaid EP practices predominately in an FQHC or RHC – 30% needy individual patient volume threshold
Physicians	30%	
Pediatricians	20%	
Dentists	30%	
CNMs	30%	
Pas when practicing at an FQHC/RHC that is so led by a PA	30%	
NPs	30%	
Acute care hospitals	10%	N/A
Children's hospitals	No requirement	

HIT (continued)

- Provider Incentive Payment Program (PIPP) available for attestation
- As of April 10, 2012 Iowa has approved payments to over 866 eligible professionals and hospitals totaling over 40 million in incentive payments
- Questions or Comments may be sent to:
imeincentives@dhs.state.ia.us

Kelly Peiper, Medicaid HIT Provider Incentive Coordinator
515-974-3071

or Melissa Brown Eligibility Program Specialist
515-974-3123

HIT Additional Information and Resources

- CMS EHR Incentive Program
[www.cms.gov/Regulations-and -
Guidance/Legislation/EHRIncentivePrograms/index.html](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html)
- List of Certified EHR Technology
<http://oncchpl.force.com/ehrcert>
- Iowa State Medicaid IT Plan (SMHP)
www.ime.state.ia.us/docs/2011_Iowa_SMHPv2%202011-09-19.pdf
- Iowa EHR Program FAQ
www.ime.state.ia.us/docs/EHR%20FAQ.pdf

Iowa Medicaid Billing and Forms

Electronic Billing

- Providers must enroll with EDISS through their Total OnBoarding program
- PC-ACE Pro32- Free software available through DHS
- PC-Ace Pro32 Help documents available at:
www.ime.state.ia.us/Providers/Forms.html#PAPHD
- Iowa Medicaid specific HIPAA 5010 resources available at:
www.edissweb.com/med/news/hipaa5010.html
- Refer to Informational Letter 1115 for transition details

IOWA MEDICAID

FEBRUARY 2012 CLAIMS ADJUDICATION

		PAID	DENIED	TOTAL	PERCENT DENIED	PERCENT EMC	DAYS RECEIPT
CLAIM TYPE	MEDICARE PART B	118,433	19,356	137,789	14.0%	90.4%	4.8
	DENTAL	32,183	3,453	35,636	9.7%	57.4%	6.0
	INPATIENT	6,257	2,572	8,829	29.1%	81.2%	6.5
	CMS 1500	370,557	114,574	485,131	23.6%	81.7%	6.0
	LONG TERM CARE	16,607	3,418	20,025	17.1%	95.8%	5.3
	OUTPATIENT	100,401	21,931	122,332	17.9%	84.7%	5.6
	PHARMACY	448,778	1,770	450,548	0.4%	100.0%	7.2
	OP X-OVER	42,053	5,211	47,264	11.0%	90.9%	4.8
	WAIVER	53,899	7,243	61,142	11.8%	79.2%	5.2
	IP X-OVER	4,567	940	5,507	17.1%	81.5%	6.0
TOTALS		1,193,735	180,468	1,374,203	13.13%	84.3%	

Prior Authorizations (PA)

- Form 470-0829 Available on the IME website:
www.ime.state.ia.us/Providers/Forms.html
- Does not override
 - Eligibility
 - Primary Insurance
 - Claim form completion
- Questions-contact PA unit directly at:
888-242-2070 or (515) 256-4624

Dental Prior Authorization

- Refer to Informational Letter 1120 for codes that require a PA
- PA requests are faxed to Medical Services Dental PA unit
- Fax number 515-725-0938

Dental Prior Authorization (PA) continued

- Most requested PA dental services:
 - Periodontal scaling and root planing
 - Periodontal maintenance
 - Partial dentures
 - Crowns
 - Orthodontia
- Most commonly denied PA requests:
 - Fixed bridges (due to 8 posterior teeth in occlusion &/or no medical reason)
 - Partial dentures (due to 8 posterior teeth in occlusion or frequency limitation)

Medicare Crossover Template

- As of 9/1/11 providers MUST submit either the institutional or professional form
 - Medicare/HMO EOB must be attached
- Informational letter 1032
- Forms and instructions are located on the IME website:
www.ime.state.ia.us/Providers/claims.html



MEDICARE CROSSOVER INVOICE (INSTITUTIONAL)

IOWA MEDICAID

USE CAPITAL LETTERS ONLY

SECTION 1 - MEDICARE INFORMATION

1. MEDICARE ID#

2. MEDICARE PAYMENT DATE

SECTION 2 - MEMBER'S INFORMATION

3. MEMBER'S NAME (LAST, FIRST, MIDDLE)

4. MEMBER'S MEDICAID ID#

5. PATIENT ACCOUNT NUMBER

SECTION 3 - PROVIDER'S INFORMATION

6. PROVIDER'S NAME, ADDRESS, CITY, STATE

7. ZIP

8. NPI

9. TAXIDONY CODE

SECTION 4 - OTHER HEALTH INSURANCE INFORMATION

10. IS THERE ANOTHER INSURANCE? (IF NO, LEAVE BLANK)

YES ☐

11. DID THE OTHER INSURANCE/DENY COVERAGE? (IF NO, LEAVE BLANK)

YES ☐

12. OTHER INSURANCE/DENY AMOUNT PAID

SECTION 5 - DIAGNOSIS OR NATURE OF INJURY OR ILLNESS

13. PRIM. DIAG. CODE

14. OTHER DIAG. CODE

15. OTHER DIAG. CODE

16. OTHER DIAG. CODE

17. OTHER DIAG. CODE

18. OTHER DIAG. CODE

SECTION 6 - SERVICE INFORMATION TRANSFERRED FROM MEDICARE EXPLANATION OF BENEFITS (EOB)

19	20	21	22	23
TYPE OF BILL	FROM MEDICARE TO MEDICARE	COVERED DATE	TOTAL COVERED CHARGES	TOTAL NONCOVERED CHARGES
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
24	25	26	27	28
DEDUCTIBLE	BLOOD DEDUCTIBLE	COINSURANCE	COPAY	MEDICARE PAID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 7 - SIGNATURE OF PHYSICIAN OR SUPPLIER

29. PROVIDER SIGNATURE

30. SIGNATURE DATE



MEDICARE CROSSOVER INVOICE (PROFESSIONAL)

IOWA MEDICAID

USE CAPITAL LETTERS ONLY

SECTION 1 - MEDICARE INFORMATION						
1. MEDICARE ID#			2. MEDICARE PAYMENT DATE			
SECTION 2 - MEMBER'S INFORMATION						
3. MEMBER'S NAME (LAST, FIRST, MIDDLE)						
4. MEMBER'S MEDICAID ID#						
5. PATIENT ACCOUNT NUMBER						
SECTION 3 - PROVIDER'S INFORMATION						
6. PROVIDER'S NAME, ADDRESS, CITY, STATE						
7. ZIP						
8. NPI						
9. TAXONOMY CODE						
SECTION 4 - OTHER HEALTH INSURANCE INFORMATION						
10. IS THERE ANOTHER INSURANCE? (IF NO, LEAVE BLANK)						
YES <input type="checkbox"/>						
11. DID THE OTHER INSURANCE FULLY DENY COVERAGE? (IF NO, LEAVE BLANK)						
YES <input type="checkbox"/>						
12. OTHER INSURANCE/PL. AMOUNT PAID						
SECTION 5 - DIAGNOSIS OR NATURE OF INJURY OR ILLNESS						
13. PRIN. DIAG. CODE		14. OTHER DIAG. CODE		15. OTHER DIAG. CODE		
SECTION 6 - SERVICE INFORMATION TRANSFERRED FROM MEDICARE EXPLANATION OF BENEFITS (EOB)						
1	FROM MEDICARE	16	TO MEDICARE	17	18	19
				FOR	NO. OF DAYS	PROCEDURE CODE & ADDRESS
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Returned to Provider (RTP) Statistics

- 38,809 RTP letters created and sent in 2011:
 - 4,314 RTP letters sent due to **using the wrong form**
 - 3,254 RTP letters sent due to an **invalid TCN**
 - 2,882 RTP letters sent due to a **state ID error**
 - 2,521 RTP letters sent due to an **NPI number error**
 - 2,321 RTP letters sent due to trying to adjust/recoup a **denied claim**
 - 2,080 RTP letters sent because the claim was paid correctly
 - 2,076 RTP letters sent because the provider was not being specific enough with the changes that they want
- 131,070 Adjustments and Recoupments submitted in 2011 (approx 2520/week)
 - Over 25% of requests are returned, due to various reasons
 - *Adjustment and Recoupment requests need to be filled out correctly

Top Reasons RTP by Claim Type

- CMS-1500:
 - Missing or invalid NPI #
 - Multiple claims submitted with one set of documentation
- UB-04:
 - Medicaid payer name is missing in box 50
 - Missing or invalid type of bill in box 3
 - The claim is a photocopy
- Medicare Crossovers:
 - A Medicare EOB submitted without a Crossover Invoice
 - Crossover Invoice is submitted without a Medicare EOB
 - Multiple Crossover Invoices submitted with the Medicare EOB
- Dental:
 - The claim is an unacceptable version
 - The claim is a photocopy

Adjustments/Recoupments

Adjustments

- Adjustment Form is located on the IME provider website (form # 470-0040)
 - Use to request changes or corrections to claims already paid by Iowa Medicaid
 - Adjustment requests MUST HAVE a corrected claim or Remittance Advice (RA) with changes attached
 - Corrected claims should include all charges that need processing. (not just the line that needs correcting)
 - Changes made on the RA must be clear



Adjustment Request

Return Requests to:
Iowa Medicaid Enterprise
PO Box 36450
Des Moines, IA 50315

Download this form @ <http://www.ime.state.ia.us/Providers/Foms.htm#DF>

SECTION A: Reason for adjustment; please select at least one reason.

- A corrected claim and/or remittance advice (with changes, when applicable) must be attached with each request.
- Denied claims should be resubmitted
- Do not use red ink

Please select changes or corrections to be made:

- ☐ Primary Insurance ☐ Dates of Service ☐ Medical Review Needed
- ☐ Patient Liability ☐ Diagnosis Code(s)
- ☐ Medicare Adjustment (EOMB from Medicare must be attached)
- ☐ Units Line Number(s)
- ☐ Billed Amount Line Number(s)
- ☐ Procedure Code(s) Line Number(s)
- ☐ Modifier(s) Line Number(s)
- ☐ Adding New Claim Detail Line Number(s)

Please Specify the Reason for the Adjustment Request:

SECTION B: This section must be completed to process the request.

- 17-Digit TCN:
- NPI Number: Taxonomy: Zip:
- State ID: Patient Acct #:

Signature:

Date:

Recoupments

- Recoupment form is located on the IME provider website (form # 470-4987)
 - Recoupment request form is used to request that Medicaid take back the full claim payment
 - Recoupment request MUST HAVE a Remittance Advice (RA) attached
- Informational letter 1111



Recoupment Request

Return Requests to:
Iowa Medicaid Enterprise
PO Box 36450
Des Moines, IA 50315

Download this form @ <http://www.ime.state.ia.us/Providers/Foms.htm#DF>

SECTION A: Reason recoupment; please select at least one reason.

☐ Iowa Care ☐ Billed in Error ☐ Other** (please specify below)

- Recoupment requests will result in a retraction of an entire claim payment. A remittance advice must be attached for processing.
- DO NOT use this form for primary insurance payment adjustments.

**Please specify the reason for the recoupment request:

SECTION B: This section must be completed to process the request.

- 17-Digit TCN:
- NPI Number: Taxonomy: Zip:
- State ID: Patient Acct #:

Signature:

Date:

Provider Inquiry

- Form is located on the IME provider website (Form # 470-3744)
- When to use:
 - To initiate an investigation into a claim denial
 - To request Medical Services review
- When not to use:
 - To add documentation to a claim
 - To update/change/correct a paid claim

Iowa Department of Human Services
Iowa Medicaid Program

PROVIDER INQUIRY

Please check the type of inquiry below:

- ☐ Inquiry about payment or medical determination of a **specific claim** (TCN below)
- ☐ **General Issue** regarding Medicaid policy (an example TCN may be reference below)

Attach supporting documentation. Check applicable boxes:

- ☐ Claim form ☐ Remittance copy ☐ Other pertinent information for possible claim reprocessing

INQUIRY	1. 17-DIGIT TCN * Required if about a specific claim <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
	2. NATURE OF INQUIRY: <div style="border: 1px solid black; height: 250px; width: 100%;"></div>		
	Date <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	MAIL TO: IME Provider Services P. O. BOX 36450 DES MOINES IA 50315	Date <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
	Provider Signature: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	IME Signature: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
<div style="display: flex; justify-content: space-between;"><div><p>Provider Please Complete:</p><p>Provider NPI# <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p><p>Member ID# <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p><p>Phone Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p><p>Name <div style="border: 1px solid black; width: 150px; height: 20px;"></div></p><p>Address <div style="border: 1px solid black; width: 150px; height: 20px;"></div></p><p>City <div style="border: 1px solid black; width: 50px; height: 20px;"></div> State <div style="border: 1px solid black; width: 20px; height: 20px;"></div> Zip Code <div style="border: 1px solid black; width: 50px; height: 20px;"></div></p></div><div style="text-align: right;"><p>(FOR IME USE ONLY)</p><p>PR Inquiry Log # <div style="border: 1px solid black; width: 80px; height: 20px;"></div></p><p>Received Date Stamp: <div style="border: 1px solid black; width: 100px; height: 20px;"></div></p></div></div>			

IME Updates

Provider Enrollment Renewal

- Providers will designate:
 - Administrator
 - Signatory
- Ownership control
- Background checks disclosure
- IMPA will be utilized for this task
- Refer to Informational Letter 1128

Affordable Care Act

- January 1, 2014 – Medicaid Expansion in the Affordable Care Act (ACA):
 - Expands Medicaid to 138% of the Federal Poverty Level (no longer tied to categories)
 - No asset or resource tests
 - Changes income calculated to ‘Modified Adjusted Gross Income’ (MAGI), a tax based method for most Medicaid categories
- Primary impact – projected to add approx. 150,000 adults to the Iowa Medicaid program

ICD-10

- April 17th, 2012 Department of Health and Human Services proposed a one year Implementation delay
- Includes a proposed rule that would adopt a standard unique Health Plan Identifier (HPID)
- IME moving forward with transitioning process
- CMS ICD-10 resources and information:

www.cms.gov/Medicare/Coding/ICD10/index.html

IME Resources

Fraud and abuse

- To report instances of possible fraud or abuse, contact one of the following telephone numbers

Medicaid Fraud Control Unit

800-831-1394

Medicaid Program Integrity

877-446-3787 or

515-256-4615(Des Moines area)

Claims address:

IME

PO Box 150001

Des Moines, IA 50315

IME Provider Services:

800-338-7909

515-256-4609

(Des Moines area)

**Correspondence
address:**

IME

PO Box 36450

Des Moines, IA 50315

ELVS:

800-338-7752

515-323-9639

(Des Moines area)

IME Communication & Information

- IME Website- www.ime.state.ia.us
- Provider Services phone line
- Remittance Advice comments
- Email Updates
- Informational Letters

IME Website

www.ime.state.ia.us

- Download forms
- Access Provider Manuals (updated/revised available beginning 7/1/12)
- Access Informational Letters
- Links to the Web Portal (claims submission & eligibility information)
- Provider training documents & Webinars
- New & improved website coming summer 2013

ELVS

- Voice response system
- Eligibility Information available 24/7
- Providers can verify
 - Monthly eligibility
 - Spenddown
 - TPL insurance
 - Managed Health Care information
 - Current check amounts
 - Limited vision and dental history
 - Iowa Plan

EDISS Web Portal

- Available 24/7
- Check member eligibility
- Check claim status
- Submit batch claims
- Enroll with EDISS through Total OnBoarding

www.edissweb.com/med/

Iowa Medicaid Portal Access

<https://secureapp.dhs.state.ia.us/imp/>

IMPA

- View weekly remittance advice online 24/7
 - History going back 18 months
- Incident Reporting:
 - Required of HCBS waiver & habilitation providers
- Document uploading for Waiver Prior Authorization
- Presumptive Eligibility:
 - Creates the opportunity to obtain Medicaid covered services while formal Medicaid eligibility is being determined by DHS
 - Contact Provider Enrollment for more information 1-800-338-7909 (option 2) or 515-256-4609 (option 2)

Remittance Advice

Iowa Medicaid
Portal Access



[File](#) ▶ [Review](#) ▶ [Manage](#) ▶ [Information](#) ▶ [Messages](#) [Logout](#)

[Remittance Advice](#)

[Existing Incident](#)

[Existing Presumptive](#)

[Medipass](#)

welcome to the Iowa Medicaid Portal Application!



[Click here for the
User Registration Guide](#)

Informational Letters

Welcome to the Iowa Medicaid Portal Application!



[Click here for the
User Registration Guide](#)

Featured Functionality

- [Provider Enrollment Renewal Guide](#)
- **Provider Informational Letters** - [Go here and sign up!](#)
- **Provider incident reporting** - As a provider, you can have the ability to report, track and monitor incidents in "real time".
- **Remittance Advice** - View weekly remittance advice online at your convenience.

Provider Services Outreach Staff

- Outreach Staff provides the following services:
 - On-site training
 - Escalated claims issues
 - Please send an email to imeproviderservices@dhs.state.ia.us

**You Have Now Completed
General Policies &
Procedures 2012
Thank you**

Questions?